

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MT	68548	10.22.99
O.I.P.E. CLASSIFIER	MTN	29	10-28-99
FORMALITY REVIEW		701019	11/8/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/20/04
2	✓	✓	7/20/04
3	✓	✓	7/20/04
4	✓	✓	7/20/04
5	✓	✓	7/20/04
6	✓	✓	7/20/04
7	✓	✓	7/20/04
8	✓	✓	7/20/04
9	✓	✓	7/20/04
10	✓	✓	7/20/04
11	✓	✓	7/20/04
12	✓	✓	7/20/04
13	✓	✓	7/20/04
14	✓	✓	7/20/04
15	✓	✓	7/20/04
16	✓	✓	7/20/04
17	✓	✓	7/20/04
18	✓	✓	7/20/04
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42	✓	✓	7/20/04
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45	✓	✓	7/20/04
46	✓	✓	7/20/04
47	✓	✓	7/20/04
48	✓	✓	7/20/04
49	✓	✓	7/20/04
50	✓	✓	7/20/04

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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